FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION							
. • • • • • • • • • • • • • • • • • • •			(See instruction	ns)			Office use	only	
1. NAME OF COMMITTEE (	in full)		neck if name changed)		mple: If typying, type the lines	12FE4M	15		
UAW - V - C	AP (UAW	VOLUNTARY	СОММПИІТ	ү асті	ON PROGRAM)				لــــا
									لــــا
ADDRESS (number a	nd street)	8000 EA	ST JEFFERS	ON					ш
(Check if address is changed)	ess	PETRO	<del></del>		<u> </u>			 214   _	
				CITY▲		STATE			<u> </u>
COMMITTEE'S E-M	IAIL ADDR	ESS (Please pro	vide only one e-	mail addro	ess)				
(Check if address is changed)	ess	uawvca	p@uaw.net						لـــــا
is changed)				<u> </u>			1111	1 1 1	لـــــا
COMMITTEE'S WE  (Check if address changed)		DDRESS (URL)			<del>                                     </del>				
2. DATE 0	<b>9</b> / D	10 / Y Y 2	0 1 0 °						
3. FEC IDENTIFICATION NUMBER C C00002840									
4. IS THIS STATE	EMENT	NEW (N	) OR	X	AMENDED (A)				
I certify that I have exa	mined this S	Statement and to t	ne best of my kno	wledge an	d belief it is true, correct a	and complete			
Type or Print Name	of Treasure	r <u>Den</u>	nis D. Williar	ns					
Signature of Treasur	rer El <u>ect</u>	ronically Filed by	Dennis D.	William	ns	Date 0	9 / 1	<b>0</b> / Y	2 0 1 0
NOTE: Submission of	false, errone				he person signing this Sta			S.C. §437g.	
Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100			C FORM	